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Robert J. Depke	(Depositor's name)
Med Jam	(Signature)
June 24, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/718,392	11/20/2003	Toshiro Kisakibaru	075834.00456	9749

TITLE OF INVENTION: MANUFACTURING APPARATUS AND MANUFACTURING METHOD FOR SEMICONDUCTOR DEVICE

APPLN, TYPE	SMALL ENTITY	ISSUE F	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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PTO/SB/21 (08-03) Approved for use through 08/30/2003. OMB 0651-0031 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE collection of information unless it displays a valid OMB control number. Paperwork Reduction Act of 1995, no persons are required to respond to Application Number 10/718,392 **TRANSMITTAL** Filing Date November 20, 2003 FORM First Named Inventor Toshiro Kisakibaru Art Unit 2812 (to be used for all correspondence after initial filing) Examiner Name Alexander G. Ghyka Attorney Docket Number 075834.00456 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication to Technology Center (TC) Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Identify below): Extension of Time Request Post Card Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) The Commissioner is hereby authorized to charge any fees due or to credit any overpayment to Deposit Account Response to Missing Parts/ Incomplete Application No. 50-1794. Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Robert J. Depke, Holland & Knight LLC 131 South Dearborn Street, 30th Floor, Chicago, IL 60603 Individual name Signature Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Robert Date Signature

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